

# PUBLIC HEALTH REPORT

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## Problems of Aging

FOR A NUMBER of years emphasis has been given to the problems of aging, particularly health aspects of aging. As a result of this interest, the State Department of Public Health in 1959 published *California's Older People, Their Health Problems*.

This report presented basic data on California's older population and on causes of mortality and morbidity. It further provided information on their special health problems and on efforts directed toward solution of those problems.

Six years later, the department felt it important to again assess the health needs of the aging. This assessment, recently published as a supplement to the 1959 report, reviews current population, mortality and morbidity data, as well as events occurring since the original study that have had a significant influence on the health status of persons in this category.

There has been heartening progress in services for California's older citizens since 1959, but important gaps in health care for these persons still exist.

Since 1959, the Community Health Services and Facilities Act of 1961 and the Kerr-Mills Bill of 1962 have had significant influence on the health care of the elderly.

The Health Services and Facilities Act made federal money available for research or demonstration of out-of-hospital service to the chronically ill and aged, and Kerr-Mills provided funds for medical and hospital care for selected groups.

Nineteen new home nursing services have been established in local health departments since early in 1962; 10 local health departments and three hospitals or clinics have organized screening programs for the detection of various chronic diseases; coordinated home care programs have been established in the San Francisco and Los Angeles areas; the number of licensed nursing home and convalescent hospital beds has more than doubled since 1960, and there are now 23 approved rehabilitation centers for care of the severely handicapped.

More services must be developed before optimum medical care for the chronically ill and aged becomes a fact. And with the advent of Medicare, it is particularly important to look at the health needs of older Californians and the health services available to them at this time.

The supplemental report discloses that many elderly persons receive no medical care or reach states of extreme emergency before treatment. By no means is this always because care is unavailable; too often, social and psychological problems prevent these sick persons from seeking or accepting help.

To the aging, problems of living become increasingly complex and social problems are more intimately involved with health problems. To assist in health problems without finding help for social problems is futile. The physician alone cannot cope with these complexities; even with his customary paramedical allies he cannot manage. Needed is an increased number of social workers attracted into the health field as active participants on medical teams.

The number of general hospital beds for long-term patients in the state as a whole is perhaps adequate. However, services within these facilities are far from adequate.

Rehabilitation facilities for older persons with no work potential are far too few. Restoration or partial restoration of independence in living at any age can be as important to our economy as restoration of handicapped workers to the work force. Not only do such persons need less care from others, but their illness may be shortened and recurrence made less frequent.

As a state, as well as a nation, we have long provided extensive preventive services for infants and young children—services which make it possible to prevent certain diseases and to detect others in the incipient or early stage. These services place the child in the hands of a physician when he has the best chance to prevent or minimize illness.

Comparable services for the equally vulnerable older adults have not been developed. A yearly physical examination for every person is impossible—our supply of physicians is too inadequate—nor is there evidence that it would be helpful enough to warrant the effort; but screening for certain specific chronic diseases is possible and worthwhile.

Accidents are responsible for much disability in the age group over 65 and are among the 10 leading causes of death in each age group over 65. The greatest number of accidents occurs at home. To reduce them we need an intensive educational program geared not only toward the elderly but toward those who care for them. Housing with built-in safety features does help. Although such features are of particular importance to older persons, incorporation of them

into all dwellings will help reduce the overall accident rate.

These health care needs become even more significant in light of the estimate that by 1970 the number of persons 65 years of age and over will reach nearly two million.

Mortality data in the report show heart disease, “stroke” and cancer are the leading causes of death in older age groups. In the last decade mortality rates from cirrhosis of the liver, emphysema, suicide and diabetes mellitus have increased in many of the older age groups. Causes of these increases should be investigated.

Comparison of leading causes of death by age and sex indicates that certain diseases are becoming relatively more important in the mortality picture and therefore should be given more attention. In addition to those previously mentioned, are ulcer of the stomach and duodenum and other diseases of the circulatory system which include general arteriosclerosis, gangrene, phlebitis, pulmonary embolism and infarction.

Mortality data do not indicate the prevalence of many diseases which cause morbidity in older people. Such causes are arthritis and rheumatism, diabetes mellitus, mental illness and some kidney diseases which may be present at death but are not considered as underlying causes of death and may not even be mentioned on death certificates.

All sources of morbidity information including hospital, nursing home and home care programs need to be tapped in order to obtain much needed data on causes of illness and disability among older Californians.

